

CERTIFICATE OF DEATH

REGISTRAR'S NO.

4143
928PLACE OF DEATH
AND
USUAL RESIDENCEPRECEDENT
PERSONAL
DATA331X
CAUSE
OF
DEATH
(ITEM 18)OPERATIONS,
AUTOPSYMEDICAL
CERTIFICATION
4941
DEATH
DUE TO
EXTERNAL
VIOLENCECORONER'S
CERTIFICATIONFUNERAL
DIRECTOR
AND
REGISTRAR

BIRTH NO.

1. PLACE OF DEATH
A. COUNTY

Pima

B. LENGTH OF STAY
IN THIS TOWN IN ARIZONA
19 yrs 29 yrs

2. USUAL RESIDENCE

(WHERE DECEASED LIVED,
IF INSTITUTION: RESIDENCE BEFORE ADMISSION)

A. STATE Arizona

B. COUNTY Pima

C. CITY
OR
TOWN

Tucson

X IN CITY LIMITS
☐ OUTSIDE CITY LIMITSC. CITY
OR
TOWN

Tucson

X IN CITY LIMITS
☐ OUTSIDE CITY LIMITSD. FULL NAME OF
HOSPITAL OR
INSTITUTION St. Mary's Hospital
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET
ADDRESS OR LOCATION)D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 4250 E. Cooper
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒3. NAME OF
DECEASED
(TYPE OR PRINT)

A. (FIRST) Laura

B. (MIDDLE) L.

C. (LAST) DUFF

4. SEX Female

5. COLOR OR RACE White

6A. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (SPECIFY)
Married

6B. NAME OF SPOUSE

Grover J. Duff

7. DATE OF BIRTH
MONTH DAY YEAR
11 13 968. AGE (IN YEARS
LAST BIRTHDAY) 66IF UNDER 1 YEAR
MONTHS DAYSIF UNDER 24 HRS.
HOURS MIN.9A. USUAL OCCUPATION (GIVE KIND OF
WORK DURING MOST OF LIFE EVEN IF RETIRED)
Housewife9B. KIND OF BUSI-
NESS OR INDUSTRY
Home10. BIRTHPLACE (STATE
OR FOREIGN COUNTRY)
Idaho11. CITIZEN OF WHAT
COUNTRY?
USA12. WAS DECEASED EVER IN U. S. ARMED FORCES?
(YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)
No13. SOCIAL SECURITY
NO.
None

14A. FATHER'S NAME

Alexander Lundquist

14B. BIRTHPLACE
(STATE OR COUNTRY)
Utah

15A. MOTHER'S MAIDEN NAME

Alvilda Fannesheck

15B. BIRTHPLACE
(STATE OR COUNTRY)
Denmark

16. INFORMANT'S SIGNATURE

Grover J. Duff

ADDRESS

4250 E. Cooper

17. DATE
OF
DEATH

(MONTH) April

(DAY) 24

(YEAR) 1963

18. CAUSE OF DEATH

ENTER ONLY ONE CAUSE PER
LINE FOR (A), (B), (C).THIS DOES NOT MEAN THE
MODE OF DYING, SUCH AS
HEART FAILURE, ASTHENIA,
ETC. IT MEANS THE DISEASE,
INJURY, OR COMPLICATION
WHICH CAUSED DEATH.

PLACE DISEASE CONTRACTED.

I. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH:ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE
CAUSE (A) STATING THE UN-
DERLYING CAUSE LAST.II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT
RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

MEDICAL CERTIFICATION

(A) Massive Cerebral Hemorrhage
DUE TO (B) Essential Hypertension &
Arteriosclerosis
DUE TO (C)INTERVAL BETWEEN
ONSET AND DEATH5 hrs
1 yr

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 8, 1962, TO April 24, 1963, THAT I LAST SAW THE DECEASED
ALIVE ON April 24, 1963, AND THAT DEATH OCCURRED AT 4:00 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE

Gerald E. Kosanke, M.D.

(DEGREE OR TITLE)

22B. ADDRESS

116 N. Tucson Blvd.

22C. DATE SIGNED

4-25-63

23A. ACCIDENT
SUICIDE
HOMICIDE
NATURAL CAUSE
(SPECIFY)23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME,
FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

23C. (CITY OR TOWN) (COUNTY) (STATE)

23D. TIME (MONTH) (DAY) (YEAR) (HOUR)
OF
INJURY23E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE

24B. ADDRESS

24C. DATE SIGNED

25A. BURIAL ☒
CREMATION ☐ REMOVAL ☐25B. DATE
4-27-6325C. NAME OF CEMETERY OR CREMATORY
South Lawn Mausoleum25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)
Tucson, Arizona26A. DATE REC.
BY LOCAL REG.
4-26-63

26B. REGISTRAR'S SIGNATURE

27A. FUNERAL DIRECTOR'S SIGNATURE

27B. ADDRESS
Bring's Funeral Home
Tucson, Arizona

28A. EMBALMER'S SIGNATURE

28B. EMBALMER'S
CERT. NO. 404 A